



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

March 31, 2009

Approved
4/07/2009

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, <i>Co-Chair</i>	Jim Chud	Jeff Bailey	None	Jane Nachazel
Kathy Watt, <i>Co-Chair</i>		Susan Forrest		Glenda Pinney
Robert Butler		Miguel Martinez		Craig Vincent-Jones
Douglas Frye		Richard Mathias		
Joanne Granai		Mireya Muñoz		
Michael Green				
Bradley Land				
Ted Liso				
Anna Long				
Quentin O'Brien				

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Meeting Agenda, 3/31/2009
- 2) **Minutes:** Joint P&P and Standards of Care (SOC) Committees Meeting Minutes, 2/24/2009
- 3) **List:** P&P Committee Meeting Locations, *Revised 3/9/2009*
- 4) **Letter:** Alternative Transportation for SPA 1, 3/24/2009
- 5) **Questions:** Minority AIDS Initiative (MAI) Questions for Office of AIDS Programs and Policy (OAPP), 3/31/2009
- 6) **Spreadsheet:** Year 18 Ryan White Part A & B Expenditures by Service Category, 1/31/2009
- 7) **Key:** Year 18 Ryan White Part A & B Expenditures by Service Category, *on-going*

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:50 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 2/24/2009 P&P Committee Meeting minutes (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:**
 - Ms. Jackson reported AIDS Healthcare Foundation (AHF) won a court ruling to halt closure of Positive Healthcare, their Medi-Cal managed care program previously contracted with the State. AHF will fund the program though they continue attempts to negotiate a new State rate. New enrollees are being accepted, but there may be a few days' delay while IT re-establishes links that had already been shut down by the state.

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- Ms. Jackson reported AHF was reviewing how to address the proposed lowering of the Medi-Cal income limit from about \$1,000 to \$600 for share-of-cost.
- Multiple people indicated that State Budget cuts were going to be implemented the following day, but there was still confusion surrounding it.
- He added there was an announcement at the 3/28/2009 Consumer Mobilization and Empowerment Conference that Bill Lockyear had issued a letter recommending against cutting Denti-Cal because it would cost the state money. As there have been no further announcements, it appears his recommendation was not accepted.
- Mr. Vincent-Jones noted the Part A Notification of Award was expected in April. He advised review of the current year's allocations after its receipt in light of the current economic situation.

7. CO-CHAIRS' REPORT:

- A. **Meeting Dates and Locations:** Mr. Goodman called attention to the schedule in the packet. He noted additional meetings and larger rooms were scheduled to accommodate the Priority- and Allocation-Setting (P-and-A) process.

8. FY 2009 ALLOCATIONS:

A. SPA 1 Allocations:

- Dr. Green reported a Fall 2008 Board motion requires OAPP to solicit the SPA 1 services due to the closure of the Antelope Valley Hope Foundation.
 - Mr. Vincent-Jones advised the Committee of its responsibility to determine a FY 2010 allocation strategy specific to SPA 1 with an accelerated timeline consistent with the Board's motion. A carve-out of funding dollars or award percentage for specific services is one possibility. It is consistent with HRSA guidance and the Comprehensive Care Plan discussion of adversity sectors, including SPA 1 and funding thresholds for service categories or SPAs.
 - Ms. Granai noted SPA 1 has developed a system of staff working part-time on multiple programs to ensure all services are delivered, including those that would not warrant a full-time program.
 - Dr. Green said SPA 1 looks like the epidemic 20 years ago compared to the rest of the County. Dr. Frye added it was similar to the Midwest, e.g., with a conservative population and a higher proportion of cases among women. At the same time, he emphasized "reasonable accommodation," taking into account the smaller aggregate numbers there.
 - Mr. Butler expressed concern about setting a precedent that does not address similar issues elsewhere, e.g., transportation in SPA 8. At the same time, he noted MAI could be applicable to SPA 1 as it has a large minority population.
 - Mr. Land said the motion fulfilled a promise to SPA 1 providers for an opportunity to apply for contracts following the absorption of services from the closure of one provider. He did not think the motion's intent was to allocate a greater proportion of resources to SPA 1 than to other SPAs, but rather to allocate according to the Geographic Estimate of Need (GEN).
 - Mr. Mathias recommended using the opportunity to shift (P-and-A) to a proportional assessment of needs and service costs among the SPAs. Mr. Vincent-Jones noted SPA 1 has always been the first Adversity Sector mentioned, but it would be opportune to start overall review of the overall Adversity Sector concept, and begin developing criteria in summer 2009, as called for in the Comprehensive Care Plan.
 - Dr. Green said the current SPA 1 GEN translates into \$448,000, which supports one full-time physician with only a little left for other services. OAPP will need to review services both within SPA 1 and accessed by SPA 1 consumers in other SPAs to determine overall SPA 1 need. SPA 1 provider capacity for key service categories is an additional issue.
 - Mr. O'Brien noted previous problems with allocating per SPA as the population routinely crosses SPA lines for services.
- ➡ SPA 1 Allocations Work Group Members: Bailey, Jackson, Land, Goodman, Granai, Green, Mathias and Watt.

MOTION #3: (Watt/Liso): Form a SPA 1 FY 2010 Allocations Work Group and report back at the 4/7/2009 P&P Committee meeting (**Passed: Ayes:** Butler, Frye, Goodman, Granai, Land, Long, Watt; **Opposed:** Liso, O'Brien; **Abstention:** Green).

B. Underspending Contingency Plan:

- Mr. Vincent-Jones noted the FY 2009 Benefits Specialty allocation would not be spent due to contracting issues. The approximately \$700,000 was originally split out from similar services in Psychosocial Case Management. OAPP has committed to a FY 2010 RFP for the services in late fall 2009.
- Mr. Land agreed to a contingency plan, but was concerned about a pattern of OAPP not implementing allocations in a timely manner. Dr. Green responded OAPP had consistently said it could only implement a Benefits Specialty allocation through augmentation or amendment of existing Case Management contracts, which the Board has now forbidden.
- Mr. Vincent-Jones clarified: 1) P&P first recommended funding Benefits Specialty in FY 2010; 2) OAPP said it could be funded via sole source contract for FY 2009; 3) the Board-required RFP necessitates a FY 2010 timeline for the service.

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MOTION #4: (Watt/Land): Forward recommendation to Commission that FY 2009 funds allocated to Benefits Specialty be returned to Psychosocial Case Management with a directive to OAPP to use them to fund benefits specialists (*Passed by Consensus*).

9. MINORITY AIDS INITIATIVE (MAI):

- Ms. Watt provided a summary of questions for OAPP raised at the 3/30/2009 MAI Subcommittee meeting so that OAPP will have adequate time to prepare a report for the April 9, 2009 Commission meeting. A memorandum with the questions to OAPP is being prepared. The questions primarily address the current situation, expectations, and processes that might lend themselves to future improvement.
- Dr. Green provided a preliminary summary of answers to the following questions:
 - 1) All MAI YR 1 carry-over funds are expected to be fully expended by the end of YR 2. This is done by drawing the YR 1 carry-over funds down first. YR 1 funds cannot be carried-over to YR 3.
 - 2) There will probably be YR 2 funds carried-over to YR 3, but the amount is not known. The HRSA process to approve carry-over funds is expected to be smoother since HRSA now has experience with it.
 - 3) Several people raised concerns that a large/larger than originally expected YR 2 amount would have to be carried-over and expended in YR 3, which—as the end of the first MAI cycle—may not be allowed to be carried-over.
- Dr. Green said OAPP looks at both agencies' history of fund expenditures and their ability to expend funds when selecting providers. Some initial delays were related to the start-up of services.
- Mr. Land asked about providers unable to invoice because they lacked signed contracts. Ms. Watt noted it was a provider's choice to provide services prior to receiving a signed contract.
- Dr. Green said the list of dental laboratories and procedures was developed for MAI Oral Health services. It was withdrawn and revised because labor costs, already covered elsewhere, had been incorporated, but was due to go out 3/31/2009.
- OAPP has been unable to contract with providers to encumber carry-over funds for MAI services because the Chief Executive Office (CEO) removed OAPP's delegated authority from the Board letter shortly before the Board meeting and the Board approved it, meaning that OAPP now cannot augment contracts.
- ➡ Commission will express support to the CEO to reinstate OAPP's delegated authority to amend and augment contracts in order to facilitate expenditure of MAI funds.

10. FY 2008/2009 EXPENDITURES: Dave Young, OAPP, planned to be at the 4/7/2009 P&P meeting. The Annual Financial Report to the Commission has been postponed for several months.

- ➡ The Annual Financial Report presentation will be moved up on the April 2009 Commission meeting agenda so it is not postponed.

11. HOSPICE SERVICES NEEDS ASSESSMENT: The item was postponed.

12. 2009 COMPREHENSIVE CARE PLAN: The item was postponed.

13. COMMITTEE WORK PLAN: The item was postponed.

14. GEOGRAPHIC ESTIMATE OF NEED (GEN) REPORT: The item was postponed.

15. OTHER STREAMS OF FUNDING: The item was postponed.

16. STANDING SUBCOMMITTEES: The item was postponed.

17. NEXT STEPS: The item was postponed.

18. ANNOUNCEMENTS: There were no announcements.

19. ADJOURNMENT: The meeting was adjourned at 4:00 pm.